

Mr. Jones of North Reading moves to amend amendment #56 by striking out the amendment in its entirety and inserting in place thereof the following amendment:-

Mr. Jones of North Reading moves to amend H.4600 in section 2, in item 4000-0300 by adding the following:-

“; provided further, that a managed care advisory committee shall be convened to study the impact of restructuring the commonwealth’s Medicaid program by moving to a program of all-managed care, provided further that the advisory committee shall consist of the secretary of administration and finance who shall serve as chair, the secretary of health and human services, the commissioner of the division of health care finance and policy, the director of Medicaid, the executive director of the Commonwealth Health Insurance Connector Authority, the chair of the House Committee on Ways and Means, the chair of the Senate Committee on Ways and Means, the chairs of the joint committee on health care financing, one member representing the House minority party, one member representing the Senate minority party, one member representing the Massachusetts Association of Health Plans, one member of the Massachusetts Medical Society who shall be a practicing primary care physician, one member representing the Massachusetts Hospital Association; provided further that the advisory committee shall compare the MCO program and Primary care clinical plan, and determine the overall financial impact that moving to a program of all managed-care will have on the Medicaid budget, including, but not limited to, an estimation of the potential increase or decrease in programmatic costs, the potential for improvements in the quality and continuity of care provided to MassHealth members, the potential for improvements to access to disease management and care coordination programs, the impact on MassHealth special populations, the potential impact on access to behavioral health services, the advantages and disadvantages of providing the full range of services across the continuum of care in an integrated setting, the ability to assure accountability through the reporting of data on quality metrics, and the potential for addressing racial and ethnic disparities; provided further that in conducting this analysis the organization shall use actual and existing Medicaid and managed care data; provided further that the executive office of health and human services shall make any data requested available in a timely manner; provided further that for the purpose of conducting this analysis the executive office of administration and finance, in consultation with the managed care advisory committee and subject to appropriation, shall contract with an independent, outside organization with expertise in fiscal analysis of the Medicaid program and the managed care model within state Medicaid programs by August 2, 2010; provided further that the advisory committee shall file a report of its findings with the clerks of the senate and house of representatives, the house and senate committees on ways and means, and the joint committee on health care financing no later than November 15, 2010”.